

1 10A NCAC 13P .1102 is proposed for amendment as follows:

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3 **10A NCAC 13P .1102 REGIONAL TRAUMA SYSTEM PLAN**

4 (a) A Level I or II ~~trauma-center~~ Trauma Center shall facilitate development of and provide RAC staff support that
5 shall include, at a minimum, the following:

- 6 (1) The trauma medical director(s) from the lead RAC agency;
7 (2) Trauma nurse coordinator(s) or program manager(s) from the lead RAC ~~agency-~~ agency; and
8 (3) An individual to coordinate RAC activities.

9 (b) The RAC membership shall include, at a minimum, the following:

- 10 (1) The trauma medical director(s) and the trauma nurse coordinator(s) or program manager(s) from
11 the lead RAC agency;
12 (2) If on staff, an outreach ~~coordinator(s)~~ coordinator(s), injury prevention coordinator(s) or
13 designee(s), as well as an identified RAC registrar or designee(s) from the lead RAC agency;
14 (3) A senior level hospital administrator;
15 (4) An emergency physician;
16 (5) ~~An Emergency Medical Services representative;~~ A representative from each EMS system
17 participating in the RAC;
18 (6) A representative from each hospital participating in the RAC;
19 (7) Community representatives;
20 (8) An EMS System physician involved in medical oversight.

21 (c) The RAC shall develop and submit a plan within one year of notification of the RAC membership, or for
22 existing RACs within six months of the implementation date of this rule, to the OEMS containing at a minimum:

- 23 (1) Organizational structure to include the roles of the members of the system;
24 (2) Goals and objectives to include the orientation of the providers to the regional system;
25 (3) RAC membership list, rules of order, terms of office, meeting schedule (held at a minimum of two
26 times per year);
27 (4) Copies of documents and information required by the OEMS as defined in Rule .1103 of this
28 Section;
29 (5) System evaluation tools to be utilized;
30 (6) Written documentation of regional support for the plan; and
31 (7) Performance improvement activities to include ~~the RAC Registry-~~ utilization of patient care data.

32 (d) The RAC shall submit to the OEMS an annual progress report no later than July 1 of each year that assesses
33 compliance with the regional trauma system plan and specifies any updates to the plan.

34 (e) Upon OEMS' receipt of a letter of intent for initial Level I or II ~~trauma-center~~ Trauma Center designation
35 pursuant to Rule .0904 (b) of this Subchapter, the applicant's RAC shall be provided the applicant's data from OEMS
36 to review and comment. ~~This data which should demonstrate the need for the trauma-center designation must~~
37 ~~include at a minimum:~~

- 1 ~~(1) The population to be served and the extent to which the population is underserved for trauma care~~
2 ~~with the methodology used to reach this conclusion;~~
3 ~~(2) Geographic considerations to include trauma primary and secondary catchment area and distance~~
4 ~~from other trauma centers; and~~
5 ~~(3) Trauma patient volume and severity of injury for the facility for the 24 month period of time~~
6 ~~preceding the application. The trauma center shall show that its trauma service will be taking care~~
7 ~~of at least 200 trauma patients with an Injury Severity Score (ISS) greater than or equal to 15~~
8 ~~during the first two year period of its designation. This criteria shall be met without compromising~~
9 ~~the quality of care or cost effectiveness of any other designated Level I or II trauma center sharing~~
10 ~~all or part of its catchment area or by jeopardizing the existing trauma center's ability to meet this~~
11 ~~same 200 patient minimum.~~

12 (f) The RAC has 30 days to comment on the request for initial designation.

13 (g) The RAC ~~shall also~~ will be notified of the OEMS approval to submit an RFP so that necessary changes in
14 protocols can be considered.

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16 *History Note: Authority G.S. 131E-162;*

17 *Temporary Adoption Eff. January 1, 2002;*

18 *Eff. April 1, 2003;*

19 *Amended Eff. January 1, 2009.*